



**AERIAL ARCHIVES**

415/771-2555

**Aerial Photography Research Request**  
*Specific Geographic Location*

*Please complete this form by filling in the indicated fields and ensure that you have saved it. Please email the form together with a kml file or map defining your area of interest. A tool to create a kml file is available at: [www.aerialarchives.com/kml.htm](http://www.aerialarchives.com/kml.htm)*

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Your Reference:** \_\_\_\_\_

**Type of Aerial Photograph:** *Vertical* (straight down) *Oblique* (at an angle)

**Dates to Research:** \_\_\_\_\_

**Location (City, County & State):** \_\_\_\_\_

Lat/Long coordinates (if available): \_\_\_\_\_

KML Filename (if available): \_\_\_\_\_

**Type of Map Enclosed:** \_\_\_\_\_

*Be sure to enclose a map in which the area of interest is marked. To expedite the research of your request, please define your area of interest using the tool at [www.aerialarchives.com/kml.htm](http://www.aerialarchives.com/kml.htm) and include the kml file you download there.*

**Deliverable Requested:**

Digital File (indicate file size, dimensions and dpi) \_\_\_\_\_

Special requirements (eg: stereo) \_\_\_\_\_

**Usage Requested:** *Please indicate how you will use the images, e.g. display, web, reproduction, advertising etc.* \_\_\_\_\_

*Please email your completed form together with a map showing your requested view to:*

**AERIAL ARCHIVES**

research@aerialarchives.com

**Time frame for your project:** \_\_\_\_\_

**Service Requested (indicate one):** **Rush:** \$100 **Standard:** \$50

*One half of research fees are credited to any deliverables or usage fees if images are ordered with 10 days. If timing is critical, please call to ensure receipt of email. Rush service is 1-2 business days; standard research service is 5 business days.*

The undersigned authorizes charges for amounts due herunder via credit card. **(Visa and Mastercard only).**

Name on Card \_\_\_\_\_

Credit card no. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Printed Name: \_\_\_\_\_

\_\_\_\_\_

*Thank you!*